


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90170 027 ***138.75

DOCUMENT # L06000054084					
1. Entity Name LIVE OAK #120, LLC					
Principal Place of Business 6982 PINE FOREST RD PENSACOLA, FL 32526			Mailing Address 6982 PINE FOREST RD PENSACOLA, FL 32526		
2. Principal Place of Business - No P.O. Box # 11 E. GALVEZ GT		3. Mailing Address P.O. Box 1253			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola Beach, FL		City & State Gulf Breeze, FL 3		4. FEI Number 20-4961486	
Zip 32561		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BOULEVARD, SUITE 1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, JO A 6982 PINE FOREST RD PENSACOLA, FL 32526	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: X Jo A. Hall			Date: 4/16/08 (850) 232-4173		